

EXHIBIT 38

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Edgardo Boyrie Ramos
Participant's Address: Hco 1 Box 2706 Maunabo P.R. 00707
Participant's Email Address: Edgardo boyrie2016@gmail.com
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: _____

Nature of Claim: _____

By: Edgardo Boyrie Ramos
Signature

Print Name

Title (if Participant is not an individual)

8-16-21
Date

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Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Yo Edgardo Boyrie Ramos pido que por
Favor si se puede me Manden la carta en
español porque yo No hablo ingles y
lo que deje en blanco es porque No entiendo
perdoname

Firma: Edgardo Boyrie Ramos

Edgardo Boyrie
HCOI BOX 2706
Mauabo P.R. 00707

SAN JUAN PR 009

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